



# Railroad Mobile Camp Application

(In accordance with 410 IAC 6-14 and Allen County Code Railroad Camp Car Inspection Ordinance 11-21-08-29)

NAME OF Owner of Camp Car: \_\_\_\_\_

Mailing Address for Camp Car Owner: \_\_\_\_\_  
(street) (city) (state) (zip)

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address or location of mobile camp: \_\_\_\_\_  
(street) (city) (zip)

Date Mobile Camp arrived at this location: \_\_\_\_\_ Expected Date to depart from this location: \_\_\_\_\_

Where was this camp car system located prior to arriving in Allen County? \_\_\_\_\_

Was it inspected by a local health department there?  Yes  No If yes, which one? \_\_\_\_\_

### **-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --**

- (1) Number of total camp cars in this group? \_\_\_\_\_
- (2) # of Sleeping cars \_\_\_\_\_ # of food service cars \_\_\_\_\_ Other car types: \_\_\_\_\_
- (3) Do you have an Oasis Car? \_\_\_\_\_
- (4) Total number of Employees with this camp car system/location \_\_\_\_\_ (including all employees traveling with system, management, food service employees, etc.)
- (5) What is the name of the Person-In-Charge for food service? \_\_\_\_\_ Position: \_\_\_\_\_
- (6) What is the name of your Certified Food Handler? \_\_\_\_\_ Position: \_\_\_\_\_  
**(In accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless otherwise exempt and must designate a "Person-in-Charge" on-site at all times.)**
- (7) Type of Water Supply to the Camp:  Municipal  Private (well)  Other: \_\_\_\_\_
- (8) Source of Potable water for culinary and drinking: \_\_\_\_\_
- (9) List means of sewage or excreta collection and disposal: \_\_\_\_\_
- (10) If Holding Tanks, list name of licensed wastewater hauler: \_\_\_\_\_

## PERMIT FEE SCHEDULE

(This non-refundable fee.)

1-10 cars	\$ 465.00	<u>LATE FEE</u>	\$ _____ _____
11 or more cars	\$ 620.00	\$250.00	

**Make all checks or money orders payable to the Allen County Department of Health.**

**NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the establishment will be closed until fees are paid in full.**

**COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.**

**By signing below I agree to ALL terms and conditions listed on this permit application**



**Signature of Applicant(s) or Corporate Officer:** \_\_\_\_\_

**Must be signed in ink by applicant(s)**

**Printed Name of Applicant(s):** \_\_\_\_\_

-----**FOR OFFICE USE ONLY BELOW THIS LINE**-----

Signature of Food Division Representative \_\_\_\_\_

Date \_\_\_\_\_

District #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Estab. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_